

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
3	1		1			
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
13	1		1			
14		1		1		
15	1		1			
16	1	1	1	1		
17	1		1			
18	1		1			
19		1		1		
20		1		1		
22		1		1		
25		1		1		
26		1		1		
27		2		2		
28		2		2		
29	1		1			
30	1		1			
31	1		1			
32		2		2		
33	1		1			
34	1	1	1	1		
35		2		2		
36		3		3		
37	1		1			
38		1		1		
39	1		1			
40	1		1			
41		2		2		
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47		1		1		
48	1		1			
49	1		1			
50		1		1		
TOTAL IND.	30		20			
TOTAL DEP.	40		26			
TOTAL CLAIMS	122		46			

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1		1			
54		1		1		
55		1		1		
56		1		1		
57	1		1			
58		1		1		
59		1		1		
60	1		1			
61		1		1		
62		1		1		
63	1		1			
64		1		1		
65		1		1		
66		1		1		
67		1		1		
68			1			
70	1		1			
71	1		1			
72	1		1			
73			1			
74			1			
75			1			
76			1			
77			1			
78				5		
79				5		
80				5		
81				5		
82						
83						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			13			
TOTAL DEP.			31			
TOTAL CLAIMS			44			

Best Available Copy